function may be to select and destroy certain substances in the circulation or system the retention of which in the system is very deleterious. When the gland becomes diseased, this work remaining undone, the deleterious influence of such neglect becomes slowly manifest by trophic and other changes throughout the system. J. C.

—***Kidney Disease and Insanity.***—Geo. T. Tuttle, M.D. (Am. Jour. of Insanity, April, 1892). Chronic nephritis is sometimes the cause of mental aberration, which may be called insanity. Long-continued anxiety may cause albumen, hyaline, granular, epithelial and blood casts in the urine, with accompanying œdema in some cases. This kidney affection may be temporary, disappearing when the cause is removed, or, the cause persisting too long, may become chronic renal disease. Contrary to the opinion of many observers, disease of the kidneys is quite common among the insane. A. F.

—***Peculiarities of the Knee-Jerk.***—(Am. Jour. of Psychology, Vol. iv., No. 3, April, 1892.) Wm. Noyes, M.D. In a case of terminal dementia of many years' duration a series of experiments on the knee-jerk tend to show that: 1st. Sensory stimuli received during sleep produce a much greater effect and diffuse over a much longer interval than in healthy individuals. 2d. In a condition of half-sleep when the patellar tendon is struck by blows of uniform strength at five seconds, intervals, the knee-jerks fall into groups, and synchronous plethysmographic tracings suggest that these groups have some connection with the Traube-Hering curve. If the truth of the second proposition can be conclusively established, several important corollaries would seem to follow. These are here stated as facts for the sake of presenting definite propositions, the truth or falsity of which must be submitted to further experimental investigation:

(*a*) The knee-jerk curve instead of being theoretically a straight line, as has been heretofore assumed, is in reality a curved line, with the general characteristics of the Traube-Hering curve. (*b*) The spinal cord is not constantly in a condition of the highest potential functional activity, but its activity is represented by a curve of rhythmic vascular contraction and dilatation. During the phase of contraction of the spinal arteries, the cord is at its least functional activity, due to a condition of relative anæmia, while during the phase of dilatation of the spinal arteries, the spinal cord is at its greatest functional activity, due to a condition of relative hyperæmia.

(*c*) The question inevitably raised by (*b*) is whether the higher activities of the brain are also subject to a rhythmic rise and fall synchronous with vascular dilatation and contraction. A. F.

—***Friedreich's Disease.***—A case is reported by André Messous in the "Mercredi médical," August 17, 1892. The patient, fourteen years old, presented the characteristic gait when first seen, with loss of equilibrium in turning quickly or looking upward, with the heels placed close together. There was some inco-ordination in gross movements of the upper extremities, through fine movements like writing or threading a needle were perfectly correct. When lying down, it was possible, though somewhat slowly, to place the foot in some special direction as indicated. Scoliosis existed in slight degree, knee-jerk was abolished; and equino-varus was present in both feet when sitting or standing. Hearing, sight, taste and smell were normal; also the muscular reactions to electricity. L. F. B.

—***Contribution to the Symptomatology of Exophthalmic Goitre.***—The "Gazette médicale de Paris," July 30, 1892, quoting from German sources, gives Homen's account of a case of exophthalmic goitre in a woman thirty-nine years old, and of good social standing. The patient had chlorosis at twelve years of age, and remained delicate afterward. During her first pregnancy there had been a notable acceleration of the pulse. Of her five children, three showed marked symptoms of nervous irritability. One girl of fifteen, subject to vertigo, presented signs of developing goitre and quickened pulse-beat; another daughter had the same symptoms. The eldest child, twenty years old, had had epileptic seizures ever since the age of three. Following some abdominal trouble, the patient became subject to vertigo, pains in the the chest, and weakness and pains in the legs, especially about the knees. The vertigo grew worse, and there was notable diminution in keenness of vision, together with attacks of palpitation. A paresis of the right side of the face lasted a fortnight, and was then followed by a paresis of the left side of the face that kept the patient in bed about six weeks, during which time baths, massage, bromide, and iodide of potassium were administered, After this crisis passed, vertigo, feebleness in the lower limbs and weakness in the fingers remained. Want of power in the fingers produced marked awkwardness in movements of the hands. The year following, 1880, there was still another phase of exaggeration.